



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

<b>SERIAL NUMBER</b> 09/698,905	<b>FILING DATE</b> 11/27/2000 <b>RECEIVED</b>	<b>CLASS</b> 705 ✓	<b>GROUP ART UNIT</b> 2183 3625	<b>ATTORNEY DOCKET NO.</b> 00,500	
<b>APPLICANTS</b> Patrick D. McDonald, Elmhurst, IL ;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/05/2001</b>					
<b>** SMALL ENTITY **</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 5 ✓	<b>TOTAL CLAIMS</b> 26 ✓	<b>INDEPENDENT CLAIMS</b> 4 ✓
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met					
Verified and Acknowledged <u>James Thompson</u> Examiner's Signature Initials					
<b>ADDRESS</b> 20306					
<b>TITLE</b> Method and system for processing unclaimed property information ✓					
<b>FILING FEE RECEIVED</b> 449	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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**\*BIBDATASHEET\***

CONFIRMATION NO. 8219

Bib Data Sheet

SERIAL NUMBER 09/698,905	FILING DATE '10/27/2000  RULE	CLASS 705	GROUP ART UNIT 3625	ATTORNEY DOCKET NO. 00,500
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## APPLICANTS

Patrick D. McDonald, Elmhurst, IL;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 01/05/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR  COUNTRY IL	SHEETS  DRAWING 5	TOTAL  CLAIMS 26	INDEPENDENT  CLAIMS 4
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## ADDRESS

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60603

**RECEIVED**

JUL 14 2003

**GROUP 3600**

## TITLE

Method and system for processing unclaimed property information

FILING FEE  RECEIVED 449	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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